

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004**

DOCUMENT # A98000002431

1. Entity Name

LAURAMAR I LIMITED PARTNERSHIP



FILED

2004 OCT 15 P 2:39

Principal Place of Business

218 WHITEHEAD STREET
#7
KEY WEST FL 33040

Mailing Address

218 WHITEHEAD STREET
#7
KEY WEST FL 33040

*Plz change
did not rec. notices
fill post office*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (4/04)

2. Principal Place of Business

3. Mailing Address

1110 Elgin Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West FL

Zip

Country

33040

USA

4. FEI Number

65-0143665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEGENS, JEFFREY ESQ.
9580 WEATHNERUANE MANOR
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If
first notice was not received, check box
and do not include \$400 late fee.

Plz chg Address

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	MARKUS, DONALD P	218 WHITEHEAD STREET	KEY WEST FL 33040		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
	MARKUS, LAURA	218 WHITEHEAD STREET	KEY WEST FL 33040		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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11/01/04--01002--006 **526.25

526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Lam Marby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/31/04 *305 293-8769*
Date Daytime Phone #

STAPLE CHECK HERE